

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

39466

State File No.

FILED DEC 2 1950

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2817</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PAGEDALE</u>		c. LENGTH OF STAY (In this place) <u>28</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PAGEDALE</u>		4280	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1314 MILFORD AVE;</u>				d. STREET ADDRESS (If rural, give location) <u>1314 MILFORD AVE;</u>			
3. NAME OF DECEASED (Type or Print) <u>LOUIS</u>		a. (First)		b. (Middle) - - - -		c. (Last) <u>YEACKEL.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Feb. 12, 1869</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTH <u>9</u> DAY <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>barber</u>		13a. FATHER'S NAME <u>Charles Yeackel</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa (unknown)</u>	
13c. NAME OF HUSBAND OR WIFE <u>Marie Yeackel</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ann Cody, 1314 Milford Avenue</u>	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Large inguinal hernia, left</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>443X</u> <u>Many years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>47</u> , to <u>Nov. 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 22</u> , 19 <u>50</u> , and that death occurred at <u>10</u> P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James B Jones M.D.</u>		23b. ADDRESS <u>237 N Lockwood Webster Groves 19, Mo.</u>		23c. DATE SIGNED <u>Nov. 23, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-24-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Drake M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd.</u>			

RWR (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Arnold W. Schoene

Signed

Student Embalmer

Licensed Embalmer No.

3864

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.